

THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

SATURDAY, NOVEMBER 14, 1885.

Original.

SOME PECULIAR COMPLICATIONS IN  
RHEUMATISM IN CHILDREN.

BY R. B. GILBERT, M. D.

*Demonstrator of Anatomy, University of Louisville.*

Three cases of acute rheumatism in children, recently under my care, have exhibited complications so peculiar that I am induced to report them. The first case, Mary R., aged twelve years, had, in addition to the usual symptoms, viz., pain and swelling at the joints with fever, etc., a scarlet rash extending over the whole body, which in appearance was almost identical with the rash of scarlet fever. This disappeared on the second day to return no more. The rheumatism was treated with salicylate of sodium, and the patient made a good recovery in about ten days; but as the rheumatism disappeared choreic symptoms began, and within a week muscular spasm was so violent that the patient was scarcely able to feed herself. After five weeks' treatment with iron tonics and phosphorus the chorea subsided and she was well.

The second case, Charlie B., aged eight years, an inmate of the Methodist Orphans' Home, had rheumatism beginning in the feet and legs, which showed, as the disease developed, the usual symptoms. He was treated with salicylate of sodium and extract of manaca. On the fourth day of his illness a tumor, red and painful, appeared in the median line, midway between the chin and hyoid bone, which, after many days of poulticing, suppurated and was opened, discharging several ounces of offensive pus. Simultaneously with the opening of the abscess the rheumatic symptoms began to subside and convalescence was rapid and complete.

The third case, Sarah R., aged thirteen, a school-girl, began with pain and swelling in the extensor group of muscles in the left

leg, and by the third day most of the muscles of the extremities and the joints were also involved, rendering the patient helpless and in constant agonizing pain except when under the influence of opium. The fever in this case was much higher than in the two cases above mentioned, ranging between  $103^{\circ}$  and  $105^{\circ}$  for ten days, notwithstanding the fact that salicylate of sodium and quinine were given in full doses and frequently repeated. After a week's trial of these drugs the temperature was promptly reduced to  $100^{\circ}$  by three-grain doses of the new febrifuge, antipyrine. I take occasion just here to commend the use of this drug whenever there is a dangerously high temperature, no matter what the disease. The reduction of the temperature in this case, however, brought no improvement in the rheumatism. Various medicines were used until, after a trial of each for a day or two, I had well-nigh exhausted the list of vaunted remedies for rheumatism. As a last resort, upon the suggestion of Dr. R. W. Taylor, I prescribed the extract of phytolacca, which seemed, in a measure, to control the disease, at least about this time the patient began to slowly improve; she had been sick for three weeks.

The complications were as follows: On the seventh day of her sickness the parotid gland on the left side swelled to a prodigious size; I called it mumps, but gave a very guarded prognosis and ordered stimulating liniments applied by moistening soft rags and laying them upon the gland, which resumed its normal size in about one week. About the fourteenth day of the disease, and the sixth of the high temperature above referred to, the whole mucous membrane lining the mouth and covering the tongue was attacked with a follicular inflammation, which rendered it difficult to administer the blandest articles of food for three days. Five-grain doses of saccharated pepsin every three hours and a mouth-

wash of a solution of borax, ten grains to the ounce, promptly cured the mouth. Simultaneously with the appearance of the stomatitis, and while the temperature was ranging daily at about  $105^{\circ}$ , there came a number of watery blisters about the tips of the fingers, which spread up a little way above the roots of the nails. These looked very much like an ordinary burn. They destroyed the epidermis and caused the loss of several of the finger-nails.

The next complication (occurring on the twentieth day) was the appearance of a fluctuating tumor on the anterior aspect of the left leg, over the belly of the tibialis-anticus muscle; when first noticed, it was about the size of a hen's egg, but rapidly grew larger until it was three times that size. Singularly enough, it was not painful to the touch. Being undecided as to the exact nature of the fluid in the tumor, and taking into account the feeble and highly sensitive condition of the patient, I thought it unwise to make an incision, but plunged an aspirating needle into it and drew off half a pint of bloody watery fluid. The tumor refilled in four or five days, and the patient now being convalescent, I made an incision, and again evacuated about half a pint of fluid (probably serum), as above described. Gentle pressure from the foot upward by means of a roller bandage applied up to within a half inch of the opening, prevented the sac from refilling, which, after discharging the sanguous fluid for six or eight days, got well.

The same parotid gland that had been inflamed early in the history of the case again swelled as large as before, but gradually subsided after several days under the topical application of a stimulating liniment, after which the patient went on slowly to recovery. She has partially lost the power of extension in the left foot, due perhaps to destruction of the belly of the tibialis-anticus muscle.

A remarkable feature in these cases is that none of them have as yet shown any symptom of cardiac disease which is so commonly a complication in rheumatism.

Professor Ripley, of the New York Polyclinic, has recently called attention to the changes that take place in the salivary and gastric secretions in children with high fever; he has demonstrated that these fluids become chemical irritants under high fever temperatures. This may explain the follicular stomatitis which complicated one of my cases. Dr. Perry Watson, also of the

Polyclinic and editor of the Archives of Pediatrics, in a clinical lecture recently urged the great necessity of speedily reducing high temperatures in children, giving as a special reason the danger of destructive changes in glandular and other structures. It is to Dr. W. that I am indebted for the suggestion which led me to use antipyrine as above noted.

LOUISVILLE, KY.

#### NOTES ON A CASE OF EXCAVATING CARCINOMA UTERI.

##### OPERATION AND TREATMENT.

BY A. GASTON ROETH, M. D.

The following notes may prove useful as showing the satisfactory results obtained by constitutional treatment in connection with thorough operative measures in this disease.

Mrs. B. M., of Boston, aged fifty-two, married, and with a family history of cancer, came under treatment January 4, 1884. Cancerous cachexia was absent, the only remarkable point being an exsanguineous appearance, especially well marked in the mucous membrane, and caused by the condition noted below.

The patient's pulse was normal; body well nourished; catamenia had ceased four years ago. Her general health was good up to within one year of the above date, when the copious uterine hemorrhages for which she came under treatment, and which caused her anemic appearance, first began. There was no pain, no leucorrhea or sanguous discharge. Vaginal examination revealed a hypertrophied and fixed condition of the uterus, the cervix being also indurated, the os externum was patulous and filled or plugged up with friable vegetations which bled freely, so that at this and subsequent examinations the patient lost from one half to three half pints of blood on each occasion. These hemorrhages the patient stated were becoming more and more frequent, so that at the beginning of the treatment they occurred several times weekly. I will here state that iron, ergot, and digitalis, either separately or combined, had no control over the bleeding.

The sound passed freely and to a depth of three and one fourth inches. No pain.

In consultation with Dr. W. Symington Brown the diagnosis of excavating carcinoma was confirmed and a speedy operation recommended.

By means of a section prepared from a small nodule torn from the posterior lip of the os, showing the stroma, alveoli, and fully formed carcinoma tissue, further conclusive evidence was obtained. On February 18th, with the kind assistance of Dr. W. Symington Brown, I operated as follows:

Much having been said in relation to the use of the curette or sharp spoon in intrauterine surgery (*Vide Die operative Gynäkologie* 2te Aufl. S. 506, Schroeder; *Die Krankheiten der weiblichen Geschlechtsorgane*, 6te Aufl. S. 124 and 111; Dr. A. Martin, of Berlin, *Zeitschrift für Geburtshelfer und Gynäkologie*, Bd. v. Heft. 1.), and Prowchonick having recommended Simon's spoon (*Sammlungen klinischer Vorträge*, p. 1513), the use of the instrument made by Marconi, of Vienna, combining the sharp spoon and various blades was decided upon, and no doubt contributed extensively to the success of the operation. Without describing this useful instrument in detail, I will say that it consists of a narrow ten-inch handle and spring slide and clasp, which permits a dentated cup or socket to grasp and hold at any desired angle the sharp spoon or blades, which are provided with serrated balls, and thus securely held. Its shape and the various angles at which it may be set, make it particularly desirable in operations performed through the speculum.

The patient being placed in the lithotomy position, the uterus was grasped by strong tenaculum forceps and well pulled forward. A circular incision was made through and around the os, carrying away the inner and disintegrated portions of the cervix and leaving an aperture for the sharp spoon, which was now substituted for the blade, to enter the cavity of the uterus. Here a spongy, soft and friable mass was met, and without much bleeding rapidly scraped away; at frequent intervals the cavity was well washed out by means of a warm ten-per-cent carbolic injection. This process was continued until the normal basis tissue was attained. An application of the actual cautery to the fundus and walls completed the operation.

A slight rise in the pulse and temperature was noticeable during the following few days only. Nourishing diet was prescribed and a pill, chian turpentine, gr. v, t. i. d. It is needless to occupy space by detailing the daily progress of this case, and sufficient to mention briefly the condition of things as they appear at the present time of writing, October 30, 1885, or one year and nine

months after the operation. The aperture through the cervix has somewhat contracted, the cervix and that portion remaining corresponding to the os is of a glistening pearl-grayish appearance. The sound passes freely three and a fourth inches. There has been no hemorrhage and no discharge, with the exception of a slight sanguous flow which lasted only during the first four weeks succeeding the operation. There is no pain. The patient has gained fifteen pounds in weight, and claims to be in perfect health. To my mind the treatment by chian turpentine in conjunction with operative interference accounts for the success of the present case and confirms to the impartial critic the value of this drug in controlling the morbid process of cancer according to the meritorious claims of Professor John Clay and other eminent authorities. (*Vide Lancet*, December 17, 1881, page 1030; *Edinburgh Medical Journal*, December, 1881, page 555; *Lancet*, October 2, 1880, page 533; *Lancet*, July 24, 1880, page 152; *Lancet*, July 10, 1880, page 57; *Lancet*, July 3, 1880, page 33.)

BOSTON, MASS.

## Miscellany.

REMINISCENCES OF KENTUCKY'S TWO GREATEST SURGEONS.—The following reminiscences of Kentucky's two greatest surgeons are from the scrap-book of a physician, and published in *Cincinnati Lancet and Clinic*. Ephraim McDowell, the originator of ovariotomy, was born in Virginia, but earned his great reputation at Danville, Ky., the center of culture in the Bluegrass State. His medical education was received at Edinburgh, Scotland, where he was a pupil of the great John Bell. His first ovariotomy was performed in 1809. He died in 1830, leaving a never-to-be-forgotten name, and full of honors.

B. W. Dudley, Kentucky's greatest surgeon, went to Europe in 1810, and served under Abernethy and Cooper in London, and Boyer and Larrey in Paris. When he returned from Europe he assumed Frenchified manners, which were rather new to the Lexington of 1814. Dudley's great hobby was rest as a cure for disease; he believed in bandages and quiet in fractures and dislocations. He was known as the Knight of the Roller, and as to bandages it is claimed that America never had his equal in skill

and manual dexterity. Dudley died in January, 1869, aged eighty-five years.

Trephining the skull for epilepsy was first practiced in America by Prof. Dudley at Lexington. It was a revival of the old operation of La Motte in the United States. The Transylvania Journal of Medicine contains the particulars of five cases of this operation performed by him.

**TREATMENT OF FRACTURES OF THE PATELLA BY WIRING THE FRAGMENTS.**—In a paper read before the New York County Medical Association, on the treatment of fractures of the patella by wiring the fragments (Boston Medical and Surgical Journal), Dr. F. S. Dennis concludes:

1. In compound fractures of the patella there is not the slightest doubt of the propriety of the operation.
2. In recent and old fractures, under ordinary circumstances and with the patient's consent, it is wholly justifiable.
3. In debilitated patients and those suffering from organic diseases the operation should not be performed.
4. It is not an operation which can be indiscriminately performed. It should never be undertaken by the inexperienced or by any one who has not the most entire faith in the efficacy of antiseptic surgery.
5. Success depends on the most strict observance of the minutest details of antiseptic procedure.

**DIGITALIS AS A CARDIAC STIMULANT IN CHILDREN.**—At a recent meeting of the New York Obstetrical Society (New York Medical Journal) a discussion took place on the treatment of bronchitis in children. Speaking on the question of stimulation, and limiting his remarks to cases of simple catarrhal bronchitis in children between six months and a year old, Dr. A. Jacobi said that in ordinary cases alcoholic stimulants were not necessary, but that he never omitted the use of such cardiac roborants as digitalis. Like a number of other drugs, digitalis, he said, was borne by children in relatively large doses, and he had found it to act better as a cardiac stimulant if given in two or three large doses each day than if given in small doses frequently repeated. For children of the age mentioned he would give a grain twice a day.

**A MUSTARD SPONGE.**—In referring to sponge as a carrier of poultices, Dr. Richardson considers that it makes the best of

mustard carriers. Mix the mustard in a basin with water until the mass is smooth and of even consistency. Then take the soft mass all up with a clean sponge, lay the sponge in the center of a white handkerchief, tie up the corners neatly, and apply the smooth, convex surface to the skin. This mustard sponge, warmed again by the fire and slightly moistened, can be applied three or four times, is good for several hours, and saves the trouble of making a new poultice during the weariness of night watching. The sponge can afterward easily be washed clean in warm water.

**PROVOKING.**—The following card from the publishers of the Annals of Surgery explains itself, and will doubtless call forth expressions of sympathy from every medical editor in the land. We are glad to learn that the sorry condition in which our esteemed contemporary appears this month is the result of accident, and not premature decrepitude.

You will have, ere this, noticed the inexcusable blunder made by the binder in binding November number of the Annals of Surgery, also the paper house in furnishing off-color and poorer quality of paper. We are indeed sorry for this, but we are pleased to inform you that notwithstanding the type has been distributed, it is all being reset, and we hope to be able to mail you soon another November number which shall correspond to former issues.

J. H. CHAMBERS & CO.

ST. LOUIS, MO., November 6, 1885.

**WATER AS A LOCAL ANESTHETIC.**—Dr. W. S. Halstead says, in the New York Medical Journal:

1. The skin can be completely anesthetized to any extent by cutaneous injections of water.
2. I have at times of late used water instead of cocaine in minor operations requiring skin incisions.
3. The anesthesia seldom oversteps the boundary of the bloodless wheal, but does not always vanish just as soon as hyperemia supervenes.

THE New York Evening Post offers its semi-weekly edition to new readers for the last three months of this year for twenty-five cents. Its make-up includes, besides the news of the half week, the leading editorials of the daily edition, foreign and domestic correspondence, personal, political, and religious notes, book reviews, musical and dramatic criticism, farm, household, and fashion hints, selections from the best cur-

rent foreign literature, etc. Owing to its thoroughly independent attitude upon all political questions, the views of the Evening Post are more eagerly sought and more widely copied than those of almost any other newspaper in the country. This was the case in the last presidential campaign, when, for reasons which it gave in advance of the nomination, it found itself unable to support the Republican candidate. This has been the case also since the election, for the paper has again demonstrated its independence by promptly denouncing all departure of the new administration from the reform pledges upon which it was intrusted with power.

**CHAULMOOGRA OIL IN CHRONIC SQUAMOUS ECZEMA.**—Dr. W. L. Chew reports, in the New Orleans Medical and Surgical Journal, a case of chronic universal squamous eczema cured by this remedy. The patient had been treated with iron, arsenic, cod-liver oil, etc., with but slight improvement. The oil was then given in two- or three-drop doses, and increased to ten to fifteen drops three times a day. The best vehicle was found to be a goblet of sweetened cream. The oil was also used in the form of an ointment:

Chaulmoogra oil, . . . . .  $\frac{3}{2}$ ii;  
Glycerine, . . . . .  $\frac{3}{4}$ iv.

To be rubbed over the body and limbs, and the cold shower-bath applied three or four times a day.

In fifteen days all the exudation had been checked; on the nineteenth day the case was discharged cured.

**NICKEL-PLATED CORPSES.**—The Medical Record says an ingenious Frenchman has conceived the thoroughly Parisian idea of preserving bodies by covering them with metal skin. Burying, he says, has been condemned by experience, cremation is bad, as it destroys all evidence of crime in case murder has been committed, and embalming is expensive. But galvanizing is safe and cheap. The poor can be zinc-plated, well-to-do individuals may acquire a copper coat, and the millionaires can enjoy the luxury of silver or gold plate. M. Kergovaty, the inventor of this method, says he has already used it successfully eleven times in the case of human beings, and over a hundred times for animals.

**OXALATE OF CERIUM IN VOMITING.**—Dr. W. R. Chittick (Detroit Lancet) speaks highly of oxalate of cerium as a gastric

sedative. It should be given, he thinks, in larger doses than are usually recommended; ten to twenty grains every two to four hours until relief is obtained, he does not think too much. Its value seems to be due to its direct sedative and astringent action upon the terminal filaments of the pneumogastric nerve.

**DEATH OF WM. B. CARPENTER, M. D., LL. D., F. R. S.**—The sad death of Dr. William B. Carpenter, LL. D., F. R. S., is announced. Dr. Carpenter had been suffering from rheumatism, to relieve which he resorted to vapor-baths. In taking one of the baths he upset the lamp, burning him so severely that death followed in a few hours. Dr. Carpenter's fame as a scientist is world-wide. He was an original investigator of the first order, and the author of several classical works. He was seventy-two years of age at the time of his death.

**DIRECT MEDICATION OF THE SPINAL CORD.** Dr. J. L. Corning, in an article in the New York Medical Journal, says he has been able, by the hypodermic injection of cocaine into the tissue between the spinous process of the vertebrae, to so influence the cord that reflex action and sensory conduction may be almost completely annulled.

**MENTHOL.**—Dr. L. Casper, after experimenting with menthol and making trials with it in his practice, concludes (Med. and Surg. Reporter) that menthol is an anesthetic for those sensitive nerve-terminations with which it can be brought in direct contact. It strongly excites the action of the secretory nerves.

**THE SECOND ANNUAL MEETING OF THE NEW YORK STATE MEDICAL ASSOCIATION (THE OLD CODE SOCIETY).** will be held in the Murray Hill Hotel, New York City, on November 17th, 18th, and 19th, and at the Carnegie Laboratory on the 20th.

**THE POWER OF GERMS TO WITHSTAND COLD.**—Germs are probably much less affected by cold than might be expected. Experiments have been reported in which a temperature of  $12^{\circ}$  degrees below zero did stop the processes of putrefaction.

**CINCINNATI ACADEMY OF MEDICINE.**—On Monday evening, November 16th, Dr. B. Tauber will read a paper on the "Local Treatment of Laryngeal Phthisis."

## The Louisville Medical News.

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H. A. COTTELL, M.D., - - - - - Editor.  
J. MORRISON RAY, M.D., - - Assistant Editor.

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### THE DEMAND FOR TRAINED NURSES IN THE SICK-ROOM.

Our New York correspondent gives in this issue a sketch of the workings of the training schools for nurses attached to three of the New York hospitals. The rapid progress made by these schools since their foundation, eight years ago, demonstrates the importance of their existence.

The physician in charge of a serious case of illness should always have some one in constant attendance who can become responsible for the care of the patient during his absence, and to whom he can give the proper directions, feeling sure that they will be carried out to the letter.

It is evident that a member of the family is not usually the proper person for such a trust; since anxiety, timidity, and often the entreaties of the patient may handicap his judgment.

The proper place for educating the nurses is evidently the wards of our hospitals. Here they are brought in contact with all kinds of disease, and here they can obtain such knowledge as is necessary to the proper performance of their functions in the sick-room.

The visiting physicians may give the students rudimentary instructions in anatomy, physiology, hygiene, and preventive medicine; and it would perhaps be wise to teach them the doses of drugs, their physiological and toxicological effects, and the antidotes for poisons. The application of the bandage and the uses of the thermometer and catheter are necessary accomplishments. By some one trained in the art of cooking they could be taught to prepare the articles of diet required by the sick. To acquire this knowledge is needed only close observation, quick perception, and a sufficient amount of practical, every-day experience.

The value of a nurse well trained can not be overestimated, his place being second only to that of the physician. A circumstance related as having occurred in one of the New York hospitals goes far toward proving this assertion. A man operated upon by the surgeon soon after began to bleed from one of the larger vessels in the neck. In a few seconds, even before the house surgeon could have reached him, he would have been dead. With rare presence of mind, the nurse thrust her finger into the wound, compressed the bleeding vessel, and saved the patient's life. None but a person trained for such emergencies would have thought of this.

Not only does the rapid progress of these schools demonstrate feasibility, but by comparing the records of the hospitals, before and since their establishment, it has been found that the death-rate has been much lessened. At Charity Hospital, on Blackwell's Island, the first year after their inauguration the death-rate fell thirty per cent. This fact alone calls for their establishment in all well-organized institutions for the care of the sick.

Besides providing for the public poor efficient nurses, and for the community the opportunity of obtaining competent help in the sick-room, the scheme opens an honorable and most useful avocation for woman, and one that in time will become remuner-

ative to those who pursue it with fullness of purpose. That there is abundant material for the making of nurses is shown by the number of applicants for the twenty positions in the New York Hospitals.

The office of the nurse should be more than that of a menial. The calling should rank as a profession, its representatives having full care of the sick-room under the physician's eye. It is not expedient that nurses should know any thing of pathology or the technique of surgical operations, and care should be taken not to give them such smattering of knowledge as would tempt them to enter the field as rivals of the physician and surgeon.

The good work already begun with a view of establishing a suitable training school in connection with our own City Hospital should be pushed to completion. Is it too much to expect that the project will meet with such substantial encouragement at the hands of our generous citizens and authorities as shall insure its full success? The time is ripe for the development in our midst of this department of practical charity, and he who lends it needed aid shall vouchsafe to suffering humanity a lasting legacy of good.

## Bibliography.

**Clinical Therapeutics: The Treatment of Nervous Diseases, of General Diseases, and of Fevers.** Lectures in Practical Medicine, delivered in the Hospital St. Antoine, Paris, France. By Prof. DUJARDIN BEAUMETZ, Physician to the Cochin Hospital, Member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine. Translated by E. P. HURD, M. D., Member of the Massachusetts Medical Society, Vice-President of the Essex North Medical Society; one of the Physicians to the Anna Jacques Hospital, Newburyport, Massachusetts. Detroit, Michigan: George S. Davis. 1885.

After having been translated into Spanish, Italian, Greek, and Russian, and having exhausted in France four editions even before completion, this masterpiece of Prof. Dujardin Beaumetz comes to us in an excellent translation, preserving all the clearness and vigor of style of the original.

Among the sterling works that have proceeded from the medical press, Clinical Therapeutics has rightfully taken its place as second to none in its line ever written. Terse and lucid in style, comprehensive in the treatment by every subject it essays, exhaustive in the investigation of the appropriate experiences of others, having drawn from the published labors of all countries, apposite in their application, and severely logical in deductions, the work is a monument of learning, industry, and discrimination.

In studying it, one not only becomes informed as to the most advanced views upon the various subjects of which it treats, but he has also obtained a mental training which qualifies him the better for further investigations.

The limits of the light thrown upon the action of medicines by physiology, chemistry, and pathology are clearly defined, and from the path thus thoroughly illumined one can easily learn where to begin explorations in the field of experimental and rational medicine. We commend it to every physician who would know what he is doing.

D. T. S.

**Fownes' Manual of Chemistry—Theoretical and Practical.** A new American from the twelfth English edition, embodying Watts's "Physical and Inorganic Chemistry." 168 illustrations. Philadelphia: Lea Brothers & Co. 1885.

Fownes' Chemistry is always a timely book and, furthermore, is always up to the times. In the new edition the inorganic portion is not so much Prof. Fownes' work as that of the reviser, the late Henry Watts. The successive changes rendered imperative in this text-book by the progress of the science, since Prof. Fownes' death, have all been intrusted to scientific experts of renown, so that its high position as a standard work has never been questioned. In the present edition the only part of the volume which is distinctively the work of the original author is the organic part. While this has continually been recast and supplemented to meet the broadening aspect of the subject, the original scheme remains practically the same. This portion of the work reflects the deep and philosophic conceptions of the relations of this intricate subject which the author possessed, and being ever mindful of the requirements of the student, he spared no labor to make it as comprehensive and as easy of comprehension as the nature of the subject would per-

mit. In the theoretical portion there is much to be praised, and some little to be explained, and even questioned.

This part of the work does not differ essentially from that of the previous edition, and some errors which were contained in the latter have not been rectified in the former. In the first place, the theoretical portion, for a volume of its intentions, is exhaustive—too much so, perhaps, for the beginner. But this is not a fault, for it is thereby made more valuable for the teacher and the advanced pupil. As a rule, it is clear and comprehensive in statement, and the examples are well selected and effectively used.

One or two things need explanation. Firstly, there is countenanced the theory of elemental radicals to explain the varying degrees of quantivalence exhibited by some elements, which is useless, if not absurd. At present the theory of bonds fully covers the ground and presents an adequate explanation.

Secondly, the author, with the most of the English chemists, persists in using as synonymous the terms "quantivalence" and "atomicity." This is a sad error, for the terms are radically distinct, and refer to two different properties of elementary bodies. The first has reference to the hydrogen value for combination of the atom, while the second is intended to display the constitution in number of atoms of the elemental molecule.

For instance, the atom of phosphorus may be said to have a quantivalence of five, while the atomicity of its molecule is four, since its molecule is composed of four atoms. In the case of most elements where the atomicity is two, the disparity is more striking.

In conclusion, we can recommend this volume to our teachers and students with the full belief that it is, in every respect, equal to former editions and abreast of the times.

S. F.

**A Text-Book of Chemistry.** By ELIAS H. BARTLEY, M. D., Adjunct Professor of Chemistry in Long Island College Hospital, etc. For Students and Practitioners. Philadelphia: P. Blakiston, Son & Co.

This book, the author tells us, is written with the view of enabling students to obtain a thorough knowledge of the practical details of chemistry. The author admits that it is largely a compilation and claims little originality in the subject-matter. He

has, however, shown excellent judgment in the selection and arrangement of his material. The four parts treat of Chemical Physics, Notation, Nomenclature, and Chemical Reaction, the Natural History of the Elements and principal Compounds, with their physiological and toxicological bearings, and such organic compounds as the physician will be likely to meet with. Of this work it may be said that it is condensed without being abrupt, it is detailed without verbosity, and all the instructions are given clearly and distinctly. The oldest and most accomplished physician will be well repaid in having it for a book of reference, while the student will find that it will lighten the burden which, of necessity, he is compelled to carry. It is completed by an excellent set of tables and an index.

H. M. G.

**A Formula Book: How to Use Listerine.** To the medical profession. Lambert Pharmacal Company. St. Louis. 1885.

**The Principles and Practice of Surgery.** By John Ashurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania; Senior Surgeon to the Children's Hospital, etc. Fourth edition, enlarged and thoroughly revised; with five hundred and ninety-seven illustrations. 8vo, pp. 1118; leather. Philadelphia: Lea Brothers & Co. 1885.

**Epilepsy and other Chronic Convulsive Diseases; their Causes, Symptoms, and Treatment.** By W. R. Gowers, M. D., F. R. C. P., Assistant Professor of Clinical Medicine in University College. September number of Wood's Library of Standard Medical Authors for 1885. 8vo, pp. xi and 255; cloth. New York: William Wood & Co. 1885.

**A Reference Hand-book of the Medical Sciences;** being a complete and convenient work of reference for information upon topics belonging to the entire range of scientific and practical medicine, and consisting of a series of concise essays and brief paragraphs, arranged in the alphabetical order of the topics of which they treat; prepared by writers who are expert in their respective departments. Illustrated by chromolithographs and fine wood engravings. Edited by Albert Buck, M. D., New York City. Vol. 1. 4to, pp. vi and 808; leather. New York: William Wood & Co., 56 and 58 Lafayette Place. 1885.

## Correspondence.

## NEW YORK LETTER.

Editors Louisville Medical News:

In view of the fact it has been proposed to establish trained nurses at the Louisville City Hospital, a few words in regard to the training schools for nurses in this city may be of interest. There are three such schools in New York, which are connected with the New York, Charity, and Bellevue hospitals; the former has been in operation since 1877, during which time eighty-four pupils have graduated. Applicants for admission during the year 1884 were two hundred and sixteen; out of these only twenty were accepted. The course of instruction at these schools is from eighteen months to two years. Applicants must be between twenty-five and thirty-five years of age, have a common-school education, be of good moral character, and in good health. Their salary is ten dollars for the first six months, thirteen for the second, and sixteen dollars for the rest of their term of service; board and lodging free of charge.

The instruction consists of didactic lectures and clinical teaching. At the end of the term of service the pupils are examined, and those who are found fully qualified receive diplomas under the seal of the hospital, setting forth that they are experienced and competent nurses.

The ninth annual commencement exercises of the training school of Charity Hospital was held yesterday. Addressees were delivered to the graduating class by Mayor Grace and others. Fourteen members of the class received diplomas. That the graduates of these schools have given satisfaction to the laity as well as to the profession is shown by the fact that the demand for them far exceeds the supply. Not to consider the many reasons that have been advanced as to the advisability of employing male nurses for male patients it is conceded by all that there is an urgent need for this class of nurses, and yet there is not a training school for men in the country.

I have been much interested of late in a very unusual form of skin disease, now under treatment by Dr. G. H. Fox. The disease has been described under various names, as "neoplasma," by Hebra, who first encountered it in 1872; "inflammatory fungoid neoplasm," by Geber and Duhring, and "ulcerative scrofuloderm," by Van

Harlingen. Duhring gives a full clinical account of a case in the Archives of Dermatology, 1879 and 1880.

The disease is characterized by the more or less sudden appearance of raised or flat patches and prominent tumors of a dull red color, causing great deformity. When the lesion is very marked upon the face, as in this case, it gives it an almost leonine expression. All the reported cases have resulted fatally within a few years. From the appearance of the disease, though the pathology is not well understood, it is now regarded by Kaposi and others as a malignant sarcoma of the skin.

I learn from one of the trustees of Vassar College that the two lady resident physicians have given great satisfaction, not only as medical advisers to the students, but as lecturers on physiology.

The treatment of old ununited fractures by the following method, as practiced at several of the New York hospitals, is said to give much more favorable results than by the old methods of driving in ivory pegs, rubbing ends of the bones together, etc. The fragments are fixed by driving a number of gilded nails down through the skin, muscles, and bones, and then fixing the limb in a plaster splint; no primary incision is made, and the nails can easily be removed when necessary.

The advisability of following the advice of dermatologists in the diagnosis of skin disease, to depend entirely upon the objective symptoms in considering the history of the case, and the subjective symptoms only to verify the diagnosis, is well illustrated in the following case: A patient appeared before the clinic with a copious, papular eruption over the thighs, legs, and arms. The papules were large, flat, circular, and brownish in color, with a tendency to form patches. A mucous patch existed on the lip; diagnosis, late papular syphiloderm. On questioning the patient, she said the skin *itched very much*, and that she suffered from rheumatic pains, but only during the *day*, never at night; did not remember having had sore throat; had been a widow for six years. It was subsequently ascertained that she had been treated for syphilitic retinitis, and the eruption is now disappearing under mercurial treatment. If the subjective symptoms had been first considered in this case they would have tended to exclude syphilis in the mind of the examiner.

J. C. McGuire, M. D.

NEW YORK, October 30, 1885.

## Translations.\*

DISSOCIATION OF THE AURICULAR AND VENTRICULAR CONTRACTION.—Chauveau has recently published (*Revue de Medicine*, March 1885) a case in which the auricles and ventricles acted independently of each other. The rhythm of the auricles were 60 to 65 to the minute, and of the ventricles 21 to 24. Pulsations in the external jugular were quite perceptible both to sight and touch. The patient presented appearances which led to suspicion of disease of the bulb of the vagus. Experiments on animals have shown that, after section of the vagus, the introduction of a canula into the heart chambers, destroys the rhythm of the ventricular contraction while the auricles remain unaffected.—*Wien. Med. Wochenschrift*.

OSMIC ACID FOR NEURALGIA.—Von Schapira (*St. Petersb<sup>h</sup> Med. Wochenschrift*) reports eight cases of neuralgia of the trigeminus treated with hypodermic injections of osmic acid (osmic acid, 1 part; distilled water, 60 parts; glycerene, 40 parts). The number of injections varied from one to twelve. The dose was 5 to 12 drops. Injections over the painful spots were very certain in their results. After injections the neuralgia would frequently shift to a neighboring branch of the nerve. In five cases complete cures were effected, decided improvement resulted in two, and in one no results were obtained.—*Ibid.*

POISONING BY NITRO-BENZINE.—Dr. Meherer, of Lemberg, reports a case of poisoning by nitro-benzine, treated at the hospital in that city. The patient, the son of a soap factor, came across a bottle of the poison, which was used for perfuming soap, and concluding from its pleasant odor that it was some agreeable drink, swallowed a mouthful of it. Immediately a feeling of "nothingness" came over him, with nausea, vertigo, and a desire to lie down. He cried out as soon as possible to be given something, as he was being exhausted by the pains which were gnawing his entrails. As soon as the nature of the accident was understood a large quantity of milk was given him to drink, and he was advised to go to the hospital as his best chance for prompt relief. When he reached the hospital his agonies were extreme, his breath had a striking odor of bitter almonds; the pulse

was accelerated, the eyes reacted well to the light. The stomach-pump was used and the stomach well emptied and washed out. The vomited liquid consisted of a grumous mixture of water and curdled milk, and had an extraordinarily penetrating odor of bitter almonds. The case, according to Dr. Meherer, has two points of special interest. First, eight to ten drops of nitro-benzine is considered a fatal dose, and it is said to remain from one to two hours in the stomach without manifesting its presence. Under its influence will appear torpor, heaviness of head, nausea, and colics; it is only later that convulsions, tetanus and cyanosis appear (*Royal Encyclopedia*). In this case, though the amount taken was not to be compared with the above dose, yet the symptoms were not alarming. On the part of the nervous system, no symptoms whatever were observed. The first thought suggested was that it was a case of poisoning by cyanide of potassium. But after the development of this case confusion of poisoning with cyanide of potassium ought not to be possible except in post-mortem investigations.—*Progres Medicale*.

## Selections.

NITROUS OXIDE GAS IN THE EXAMINATION OF FRACTURES.—Before the Philadelphia College of Physicians, October 7, 1885, J. M. Barton said: I was obliged, during the last three months at the German Hospital, to examine an unusual number of fractures under an anesthetic, as many of them were near the larger joints, and the character and extent of the bony lesion could not otherwise be appreciated. In the neighborhood of the ankle-joint alone, out of a large number examined, there were sixteen cases in which fractures were found. In many of these cases the line of fracture is quite transverse, running through one or both malleoli, but owing to the spasmotic contraction of the muscles the parts are held firmly in place, and without an anesthetic it would be difficult to say that any bony lesion existed.

With ether many patients struggled so during the period of excitement that I often feared that they might seriously complicate the existing injury. Indeed, the struggles of some of them were so threatening that I treated several cases without having administered an anesthetic, preferring to take the

\* For the Louisville Medical News by D. T. Smith, M.D.

risk of not fully knowing the extent of the injury rather than that a simple fracture should become compound while making the examination.

Early in March I obtained for the hospital, from S. S. White & Co., an apparatus consisting of an iron cylinder containing one hundred gallons of liquefied gas, a gas-bag of seven and one half gallons' capacity, and the necessary tubing, mouth-pieces, etc.

On March 6th the gas was administered to Marie B., aged twenty-six years, servant girl by occupation. She became fully unconscious without any struggling whatever. Fractures of the tibia and fibula were discovered, and their lines fully recognized and noted. The recovery from the gas was, of course, prompt.

March 16th. Hugh C., aged fifty-three, laborer, a stout Irishman, of probably bad habits, and whom I should have expected to have struggled violently under ether. He took the gas quietly and without a struggle. I made a full and careful examination. Both the tibia and fibula were fractured. The line of fracture fully recognized and noted.

March 21st. M. S., aged twenty-two, a baker, had ingrowing toe-nails. Both sides of both great toes were removed under "nitrous oxide," Dr. Rehfuss, the resident physician, operating upon one toe and I upon the other. The patient stated that he had not felt a particle of pain.

March 23d. Anton C., aged thirty-eight, wagon-builder, was examined under "the gas." A comminuted fracture of the tibia was discovered, the position, size, and obliquity of the pieces noted. In addition, a fracture of the fibula at the junction of the lower and middle third, and another just below the head, were discovered.

March 27th. Ellen S., aged forty-two years, servant, was examined under nitrous oxide, and a Pott's fracture found.

During this time, in private practice, I refractured a radius in the case of Miss L., using nitrous oxide as the anesthetic. The patient was fully unconscious, and I had no more difficulty than if ether had been used.

I would call the attention of the Fellows mainly to the advantages of nitrous oxide in the examination of fractures. Its advantages in all minor operations, of course, are familiar. That it does not cause nausea nor vomiting, even if the stomach be not empty, the slight risk, the immediate recovery permitting the patient to attend at once to his usual avocations, etc., are well known; but in fractures we avoid that period of excite-

ment which appears during the administration of ether, and during which the patient is so likely to further injure the fractured limb.

The period of full anesthesia is from one to two minutes, but the period of total muscular relaxation is nearly four minutes.

While the anesthetic is being administered the injured limb is fully exposed and held by the surgeon. Before the patient is quite unconscious the surgeon feels the limb become limp and lax in his hand; all the muscles are relaxed. The examination can now begin, though the patient gives some slight evidence of feeling pain. This period, the period of total unconsciousness, and the succeeding period of muscular relaxation, gives about four minutes, which I have found to be abundant time to examine almost any fracture.

Nitrous oxide has been but little used in surgery, owing to the difficulties of keeping and transporting it; but the apparatus which I show you here, and which is furnished at a moderate price by the dental-supply depots, overcomes these objections, and I am sure it will be found of service in many minor operations. I am well aware that some of the Fellows of the Academy have used this anesthetic for a long time, and have had great experience in its use; but I also know that very few if any of the hospitals use it, and it is not nearly so much used in surgery as it should be.—*Advanced Sheets of the Society's Proceedings.*

**CASES OF PAINFUL MAMMÆ IN YOUNG GIRLS.**—F. H., a healthy, well-made girl, aged eleven years and six months, was brought to see me at the Hospital for Sick Children on account of great pain in the left mamma, which had existed for nearly a twelvemonth, but had latterly become more severe. She was rather weak and overgrown, but otherwise she appeared to be in good health. There was no history of any blow or injury. The left mamma was very little larger than the right, yet there was a slight but decided swelling of the whole gland. She complained of continuous pain in this region, and the very slightest pressure caused her to wince. The mother stated that, at times, the pain was very severe, and there was no doubt, from the child's manner when seen, that this was the case. There was nothing to warrant the suggestion of hysteria. No catamenia had appeared, nor were there any other indications of their advent. It was stated, however, by the mother, that two elder daugh-

ters, by a former marriage, have found the catamenia appear at eleven and a half years of age, and both had premonitory symptoms, the one experiencing severe headache, which ceased upon the appearance of the menses, and the other suffered from a rash upon the body and a headache. In both these children there was no appearance of any flow for two years subsequent to its first occurrence.

The painful condition of the mamma in this child continued for six weeks, notwithstanding local and general treatment, during which time no alteration in the condition of the gland was to be noticed. There was no heat or redness of the areola, and there was but little enlargement, nor was any change observed in the appearance or condition of the nipple. At the end of this period, however, the right breast became afflicted in an identical manner.

For another six weeks—during which she was treated with aloeetic purgatives, with iron, and with the local application of belladonna—the condition remained much the same; but at length it began to intermit, the pain disappearing for a few days and again recurring, until, at the end of the fifth month after I first saw her, the symptoms disappeared; no catamenial show having then occurred.

In the last four years I have had several cases of this painful affection of the mamma brought to my notice. The ages of the girls varied from ten and a half to twelve years, and most were tall and well formed. In five of the cases the left breast only was affected, and in one case the right, while both were consecutively the seats of pain in the cases above detailed. Seeing this more frequent tendency of the left mamma to become affected, it occurred to me that it might be due to the pressure of the chest against a desk in writing, and in one or two of the patients this was thought a possible explanation, but in none of them did the pain cease for many weeks after they had been kept from school or prohibited from writing.

All the cases remained under observation for many weeks, and I can not say that they were much relieved by local or general treatment. The pain, as in the above case, became intermittent, and at last ceased. Some nervous symptoms were present in two of the children, one having been previously under treatment for chorea, which had not entirely disappeared, and another suffered from occasional headache, vomiting, and pain in the lower part of the abdomen.

I have been unable to meet with much information on the subject of this condition in any works on surgery, or in any special treatises on diseases of the breast, and I believe that the condition is a rare one from the few cases of its occurrence among the very large number of patients which come before me. The absence of any great heat, redness, or swelling, puts inflammatory conditions out of the question, and the age of the patients, the obstinate and chronic character of the pain, together with the slight enlargement of the gland, and its extreme tenderness on pressure, would seem to point to some developmental change in the structure of the gland, which accompanies, or may even precede, the changes which are doubtless commencing about that period of life in the ovaries and organs of generation, with which the mamma has so many sympathies.—*J. H. Morgan, in British Medical Journal.*

**STRANGULATED UMBILICAL HERNIA  
TREATED BY EXCISION OF THE SAC AND SKIN  
COVERING; SUTURE OF THE RING AFTER REDUCTION.**—At a recent meeting of the Clinical Society of London, Mr. Clements Lucas reported two cases operated on in this manner. He said that for several years he had been in the habit of excising the sacs when called upon to operate for strangulation in cases of hernia (of whatever kind), and that he had been led to do so, not so much for the purpose of producing a radical cure (though this was an advantage), as to lessen the mortality from the operation. He regarded the sac itself as a danger, from its badly nourished texture, its tendency to suppurate or slough, and its liability to collect discharges and guide them into the peritoneal cavity. To rid the patient of this abnormal, overstrained, ill-nourished, not only useless but absolutely injurious piece of tissue should be the aim of every surgeon when called upon to operate for strangulation after reducing the bowel. To speak of such a proceeding as "unsurgical" was a wanton misuse of the adjective. It was probably the only operation for radical cure that would bear the test of time. He regarded no operation for femoral hernia complete till the sac had been excised, even though the bowel might have been reduced before opening the sac. The same might be said of acquired inguinal. The congenital inguinal presented especial difficulty as the whole sac could not be excised without

sacrificing the testicle, but he usually excised the funicular portion, and rigid antisepsis is here advisable. He was about to advocate much more radical measures in cases of umbilical hernia than were usually adopted, and he believed the mortality would thus be greatly lessened. The first case was of peculiar interest, inasmuch as the operation was performed on a patient in an advanced stage of dropsy from Bright's disease. It might be studied with a case reported in the Guy's Hospital Reports for 1879, page 332. In that case he had twice operated on a femoral hernia, at an interval of eleven months, for strangulation during dropsy from heart disease. A laundress, aged forty-eight, suffered some years from winter cough, but till June, 1883, believed herself healthy. She then began to suffer from dropsy. In July, 1884, paracentesis abdominis was performed, when she was under the care of Dr. Wilks. She was tapped a second time in February, 1885, and a third time on April 9th of this year, when eighteen pints of fluid were withdrawn. She then had very general anasarca, râles over both lungs and dullness of the bases, urine depositing one third albumen on boiling, and containing some blood. On May 22d, at 4 A.M., the umbilical hernia, which she had had some years became strangulated, and Mr. Lucas operated at one o'clock, having failed to reduce it by taxis. It was found necessary to open the sac, when a considerable quantity of fluid escaped, and a large piece of purple small intestine came into view. The opening was enlarged so far as to admit the finger into the abdomen, but owing to the water pressure behind it was found impossible by manipulation to reduce the bowel. Finding the obstacle to reduction was the peritoneal fluid, Mr. Lucas placed the patient on her side and, holding the intestine on one side with his finger passed through the aperture, allowed, in this way, three and a half pints of ascitic fluid to escape. After this the bowel was easily returned. He then cut away the whole of the sac, and afterward all the thin distended skin. Three stout chromicized catgut sutures were next passed through the margins of the umbilical opening to the peritoneal surface, tied, and cut short. The skin margins were then brought together with wire sutures. Carbolic spray and antiseptic dressings were used. Sickness ceased at 10 o'clock the next morning, and the patient was comfortable. All the wire

stitches were removed on the sixth day, and the wound appeared to be healed, although the urine still contained one third albumen and some blood. A few days later slight suppuration took place, and the cause proved to be one of the catgut stitches, which came away unchanged on the fifteenth day. After this she gradually improved, and left the hospital on July 25th, at which time there was no tendency to protrusion at the umbilicus. The second case was that of an exceedingly stout, plethoric woman of fifty-two, who was admitted to Guy's Hospital on September 6, 1885. She is married, and has four children. When lifting a heavy pole of clothes, eleven years ago, she first felt something give way at the navel. Since that time she has, on four occasions, required chloroform for the reduction of the hernia, which was of large size. The last time it was thus reduced was in August, 1884. At 10 A.M. on September 5th, as the result of a severe fit of coughing, the rupture became distended and irreducible. She was seized with severe pain over the stomach, and vomiting occurred soon after and continued till her admission at 7 o'clock in the evening of September 6th. Her bowels had not acted since the hernia came down. She was sick soon after her entry, bringing up dark greenish fluid. She was in much pain, and very restless. The hernia was of large size, and uneven on the surface, four inches by three in diameter, tense, devoid of impulse, and tender on manipulation. Taxis having failed both before and after the administration of chloroform, Mr. Lucas proceeded to operate at 9 o'clock in the evening. A vertical incision, about four inches in length, was made at the upper part of the tumor, and the sac being exposed, the ring was divided outside, and taxis again applied without success. The sac was then opened, and some blood-stained fluid escaped. The sac was found to contain a large mass of adherent omentum, forming an omental sac, within which the bowel was strangulated. After division of the stricture several feet of dark-colored intestine were reduced; and the transverse colon then appeared in the sac, but it was not strangulated. Two large pieces of omentum were then ligatured with green catgut and cut away. The sac was next separated from its connections and cut away, except at the lower part, where the adherent omentum made it impossible completely to remove it. Three stout green catgut ligatures were then passed through

the edges of the aperture to the peritoneal surface, and the opening thus closed, the stumps of adherent omentum and sac being outside. The skin was cut away and its edges brought together with wire sutures and an aperture left for drainage at the lower front. Carbolic spray and antiseptic dressings were used. She had no sickness after the operation, and was quite relieved from abdominal pain, the abdomen remaining soft and free from tenderness. On the 10th there was a rise of temperature, and on being dressed some blood-stained discharge escaped from the lower part of the wound. After a week a slough came away, evidently the remnant of sac and stump of omentum. After this she rapidly improved, and had a normal temperature. Her bowels acted on the 15th. On September 23d the drainage-tube was removed. September 27th she got up and was practically convalescent. The cases illustrate the value of removing the sac and closing the abdominal aperture. Neither patient was in a good condition for operation, one being in an advanced stage of dropsy from heart disease, the other exceedingly fat and flabby. In both a large quantity of bowel was strangulated, and in one the hernia was much complicated by adherent omentum. In both some suppuration occurred, and in one sloughing; yet no suppuration extended to the peritoneum, as would probably have been the case had the aperture been left patent. Both patients recovered.—*British Medical Journal.*

NOTES ON TREATMENT.—(Prof. Da Costa, in College and Clinical Record):

1. *Dyspepsia. Cause of Functional Indigestion.* (1) Eating too rapidly. (2) Drinking too much water at meal-time. (3) Improper food. (4) Want of exercise. (5) Too much tea and coffee. (6) Too much tobacco.

*Treatment.* Under-done meats and but little bread. No sweets. Pepsin sacch., gr. v., at each meal. The mineral acids before meals, as muriatic, nitro-muriatic, or phosphoric. Certain bitters, as nux vomica and strychnine combined with gentian or calomela. An alkali a few hours after meals when there is great acidity, but should not be used too frequently.

2. *Dilatation of the Stomach. Treatment:* Dry, solid food; under-done meats; no milk. Carbolic acid to allay fermentation. Wash out stomach occasionally. Strychnia, hypodermically or by mouth.

3. *Chronic Gastritis. Treatment:* Cause to be removed. A scanty supply of food. Pepsin at each meal (gr. v). Milk, with a little meat, may be taken as food. Oxide of silver, gr.  $\frac{1}{2}$ , a dose, will be found of value. Bismuth is useful. Avoid tonics, but use the mineral waters to keep portal system drained.

4. *Gastric Pain (Gastralgia). Treatment:* Diet of little importance. Stimulus at meals in small quantities. Morphia relieves at once, but use it carefully. (1) Bismuth, with a little opium. (2) Nitro-muriatic acid, gtt. ij-iij, diluted, or—

R Morph. sulph.,.....gr.  $\frac{1}{2}$ ;  
Acid. carbolici,.....gtt. j;  
Aq. menth. pip.,.....ad. f 3 j.  
M. Sig. *Ter die.*

Fowler's solution, beginning with gtt. j, and increase to gtt. v, *ter die.*

5. *Hematuria.* Treat the cause as well as the symptoms, though the treatment of both is generally the same. (1) Gallic acid, in doses of gr. x-xx, repeated every hour or two. (2) Sulphuric acid, alone or with gallic acid, unless contra-indicated by scarlet fever, etc. (3) Fluid extract of ergot, gtt. xx, increased to f 3 j. All three of the above are reliable remedies.

6. *Medical Treatment of Diabetes Mellitus.* Do not use bromide of potassium; it is valueless. Quinine is of no use. Opium is of value, and is one of the best agents, but care should be taken in its use. Codeia, gr.  $\frac{1}{4}$ - $\frac{1}{2}$  *ter die*, is much used in France. Rousseau's plan, with strychnia, is very useful. The salicylate of sodium, gr. x-xv *ter die*, in compound spts. of lavender and water, is Prof. DaCosta's favorite. Ergot is useful, but less so than the others. The alkaline plan, which is quite popular in Europe, is of value. Aloes or aloin should be used for constipation that may arise.

7. *Diabetes Insipidus.—Medical Treatment:* (1) A course of iron, for its tonic effects. (2) Strychnia is very useful. (3) Ergot gives the best results; absolute cures follow its use; f 3 ss-j of the fluid extract should be given *ter die.*

ABUSE OF THE MUSCLES OF BABY-EYES.—The two muscles—a set for each eye—act in perfect correlation, and enable the organ in an instant of time to cover an infinite range of vision. No fine adjustment of the telescope, no system of lenses and prisms can accomplish this feat in an instant of time.

The utmost caution is therefore impera-

tively demanded of every person to whom is consigned the care of the young child from infancy to perhaps the third year of life. It is during this time that damage to the muscular apparatus of the eye may be done. The mother or nurse is eager to have baby see every thing from the nursery window, or from a carriage or car. How many tired heads, languid eyes, and disordered tempers result from this mistake! How often is loss of accommodative power, or enlarged pupil, or cross-eye the consequence! Worms, "inward fits," sour stomach, flea-bites, and bad temper are some of the morbid and moral posers which the mother and the family doctor ponder over. An indication of the delicate and undeveloped muscular apparatus of the eyeball within the first two months of life is found in the ease with which some infants look cross-eyed. It is well known that in sleep the eyes are turned upward under the brows and inward, and that a true crossed condition of the optical axes occurs during this state.

An occasional temporary crossing of the eyes of an infant above two months of age should be carefully investigated. The child should be handled lightly; it should not be played with too much; it ought to lie or roll on its back in preference to sitting on the lap or in a chair. Any unequal size of the pupils should be carefully noted; it may be either the sign of some internal trouble, or a simple local affection of the muscular tissue controlling the pupil.—*Dr. E. S. Peck, in Babyhood.*

**PNEUMONIA AND OZONE.**—Joseph A. Miller, C. E., communicates the following to the *Scientific American*:

In the issue of October 3d of your most valuable paper, which has been to me a constant friend and valued teacher for thirty-five years, I find an article headed "Pneumonia and Ozone."

In the interest of suffering humanity I wish to call the attention of scientific observers to some facts that have come under my observation.

A member of my family has been suffering for more than twenty-five years from neuralgia. During the year 1865 I first observed that the malady enabled her to detect the approach of storms. The attacks always commenced before a storm reached her place of residence, and ended as soon as it rained, or gradually diminished as the storm passed by.

For the last ten years I have carefully watched the effect of storms on the invalid, and, by the government reports of the paths and extent of the movements of storm centers over the country, I find that on the approach of a storm the suffering will commence, and cease as soon as the storm center is reached. When the edge of a storm center passes over the residence of the patient, she will suffer until the whole storm center has passed by.

In the year 1871, during the prevalence of the peculiar disease that so completely prostrated the horses in Boston, the "epizooty," as it was called, the invalid suffered continually. During that year I had peculiar opportunities of observing the large excess of ozone in the atmosphere. Since then I have repeatedly tested the condition of the atmosphere in front of the storm center and along its skirts, and always discovered an excess of ozone.

I have frequently called the attention of the medical profession to my observations, but found that all with whom I came in contact were satisfied with giving relief by the use of morphine, narceine, or chloral, rather than investigate the cause. All observers must know the fact that we are very sensibly affected by the chemical condition of the atmosphere. I hope, therefore, that you will call attention to the above facts, and request physicians in all parts of the world to which your valuable paper is carried, to make such observations in connection with pneumonia as will establish or disprove its connection with ozone. If in modern science we once find the cause, we can readily find the remedy.

**DR. MATHEWS DUNCAN AND MR. JONATHAN HUTCHINSON ON LUPUS OF THE VULVA.** The London correspondent of the *Medical Record* says that at a late meeting of the London Obstetrical Society Dr. Mathews Duncan brought forward what he persists in calling "lupus of the vulva." At a former meeting he had read a paper on the subject, and now gave the sequel. On that occasion he was reproved as gently as his brother obstetricians knew how for calling the disease he described by a name which was otherwise employed, and with which they alleged it had no connection. Dr. Duncan did not take the rebuff at all kindly—he is not the sort of man to tolerate opposition to, or even questioning of his opinions. He went on repeating his statements and teaching that "lupus of the

"vulva" was a distinct disease. At the opening of the Society, then, this year, he was afforded the opportunity of re-stating his opinion, which he did in his usual dogmatic style. But his friends had prepared for him a surprise. They had no notion of settling the matter by assertion only. Many of them felt sure Dr. Duncan had mistaken syphilis for lupus, and secured the presence of that eminent and indefatigable syphilographer, Jonathan Hutchinson, who, with his natural courtesy and kindness of manner, began his remarks by commending the clinical description of the cases, and then proceeded calmly, apparently unconscious of the bitter dose he was administering, to state that the cases had no relation whatever to lupus, but were simply manifestations of syphilis. Then he pointed out, as naturally as if teaching his class, that one of the cases was termed by Dr. Duncan "syphilitic," and in every one of the others, points in the history might have suggested if they did not prove that there had been infection of the constitution with syphilis. The effect of Mr. Hutchinson's speech was remarkable; there was a chuckle of delight among the majority, who felt that this settled the matter, and that Dr. Duncan had been deservedly "sat upon."

Dr. Thin ventured a few words in support of Dr. Duncan on histological grounds, and Dr. West tried to offer him some support, but it was very feeble. All the other speakers disagreed, and when Dr. Duncan got up to reply he was at white heat. Lupus, he declared, was a convenient term; it was well understood; the disease had a large literature. He did not assert that it was quite identical with lupus vulgaris; but, as for syphilis, to accept such evidence as Mr. Hutchinson had mentioned, was unreasonable—the "most unreasonable thing he had ever heard of." Rather strong language this, but what remained to be said by a man who despairs to learn. Any one could see that the whole audience regarded Mr. Hutchinson's verdict as final, and the only interest that continued to attach to the meeting was curiosity as to how Dr. Duncan would comport himself under his mortification.

**SHOCK AND NERVOUS INFLUENCE IN PARTURITION.**—Dr. Henry P. Newman concludes an article in the Chicago Medical Journal on this subject as follows:

1. That we have a higher nervous organization presiding over the process of child-

birth and subjecting it to like influences and derangements which obtain in other physiological functions.

2. As civilization advances, the co-relation of mind and matter becomes more intimate and complex, and calls for a proportionate advance in psychological therapeutics, and the application thereof to cases of predominant mental and nervous influences.

3. In many cases of so-called tedious labors the irregular contractions of the first stage are the result of an exalted state of nervous irritability.

4. Active interference is indicated in many cases of protracted labor due to nervous influence, to guard against the dangers of exhaustion and shock.

5. Much is to be expected from judicious prophylaxis. Especially would I urge the necessity of direct professional supervision over the entire period of gestation from the earliest moments.

6. There will still remain to be combated social, moral and educational environments, which we can scarcely expect to see abolished until the laity, as well as the profession, is better informed as to the deleterious consequences of departure from the standard of physiological perfection in the mothers of our race, and the best means of approximating that equipoise of the mental and physical organization which it is primarily the design of nature to establish.

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from November 1, 1885, to November 7, 1885:

*Major Ely McClellan*, Surgeon, leave of absence granted in orders, Cavalry Depot, Jefferson Barracks, Missouri, October 30th, is extended 7 days. (S. O. 254, A. G. O., November 4, 1885.) *Captain R. G. Ebert*, Assistant Surgeon, ordered from Camp Grant, Riverside Park, New York City, to Fort Hamilton, New York Harbor for duty. (S. O. 237, Dept. East, November 5, 1885.) *First Lieutenant G. E. Bushnell*, Assistant Surgeon, assigned to duty at Camp Grant, Riverside Park, New York City. (S. O. 237, Dept. East, November 5, 1885.)

#### MARINE MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended November 7, 1885:

*Urquhart, F. M.*, Passed Assistant Surgeon; upon the closure of Cape Charles Quarantine Station, to proceed to Norfolk, Va., for duty. November 5, 1885. *Battle, K. P.*, Assistant Surgeon; resignation accepted, as tendered, by the Secretary of the Treasury, to take effect November 25, 1885. November 3, 1885.